ARIZONA DEPARTMENT OF RACING

PLEASE PRINT IN INK OR TYPE

1110 W. Washington, Ste. 260 Phoenix, AZ 85007 Telephone (602) 364-1700

	AUTHORIZED AGENT AF TRACK WHERE PARTICIPATING APPLICATION				
HORSE LICENSE	TRACK WHERE PARTICIPATING APPLICATION	DATE	LICENSE NO.	FOR OFFICIAL USE ISSUED	EONLY
GREYHOUND LICENSE					
There are three categories of Authorized Agent Agent and the principal(s) involved. Type of er	s, EACH requiring a separate, written agreement between the person acting a ntity:	s Authorized			
Sole Ownership			DATE OF ISSUE:		
П					
Joint Interest Ownership (Give Names of Joint Owners Below) 1)			LICENSE EEE	: \$	
			Fee Paid By:		
3)4)			☐ CASH ☐ CHECK/M.O.		
			CHANGE OR	OVERPAYMENT	
Stable/Kennel/Corporation Name :(Provide Name)			☐ New		Renewal
			L New		Renewar
	FOR ONE CATEGORY OF ACCOUNT <u>MAY NOT</u> BE UTILIZED TO FORM AN AUD EAUTHORIZED AGENT FORM MUST BE SIGNED BY ALL PRINCIPALS FOR EA				
DISTINCT ACCOUNT.				EXPIRATION DATI	E
I HEREBY APPOINT:					
PRINT NAME OF	LAST NAME	FIRST NAME		MIDDLE INITIAL	SR., JR., ETC.
AUTHORIZED AGENT					
PERMANENT ADDRESS	STREET ADDRESS	CITY		STATE	ZIP CODE
TELEPHONE NUMBER	(*) SOCIAL SECURITY NUMBER (MANDATOR	Y)	DATE OF BIRTH	(MONTH/DAY/YEAR)	
()					
THE AUTHORIZED AGENT MAY					
Yes Conduct ALL matters re	elating to my racing animals, with NO limitations or restri	ctions			

	ESTRICTIONS pertain to this appointment, complete the	following by checking	g " <u>YES" OR "</u>	'NO" FOR EACH STA	ATEMENT:
Yes No	A. Claim horses /greyhounds in my/our	name			
Yes No	B. Sell, buy, or transfer horses/greyhour	nds without written o	onsent		
☐ Yes ☐ No	 C. Receive and endorse checks made pa 				
	C. Receive and endorse effects made pa	yable to me/us			
Yes No	D. Direct the transfer of money in my/o	•			
	•	ur account	ır account		
Yes No	D. Direct the transfer of money in my/o	ur account f/herself from my/ou		tions, if any:	
☐ Yes ☐ No ☐ Yes ☐ No	D. Direct the transfer of money in my/oE. Have checks made payable to himsel	ur account f/herself from my/ou		tions, if any:	
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